

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 762730	RECEIPT DATE:	02 / 12 / 01
IA NUMBER:	FCT/ FR99 / 01927	IA FILING DATE:	08 / 04 / 99
FAMILY NAME:	ALLIO	DELAY WAIVED (Y/N):	N
GIVEN NAME:	PIERRE	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	08 / 13 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	72211-9013	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:		CUSTOMER NUMBER:	000000
		TELEPHONE:	0000000000
		FAX:	
NAME:	DAVID B SMITH		
	MICHAEL BEST & FRIEDRICH		
STREET:	100 EAST WISCONSIN AVENUE		
CITY:	MILWAUKEE		
STATE/COUNTRY:	WI	ZIP:	53202
EMAIL:			
APPLICATION TITLES:			
	AUTOSTEREOSCOPIC DISPLAY METHOD		

TAB TO LAST POSITION. PUSH SEND